

**Kentucky Board of Veterinary Examiners  
P.O. Box 1360  
Frankfort, Kentucky 40602**

**APPLICATION FOR REINSTATEMENT**

Please type or print:

1. Name		License Number:
2. Address:		Social Security #:
3. Work Number:	4. Home Number:	
5. Name license was issued under:		
6. Do you currently hold, or have you ever held, a license in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <b>list states</b> and have letters of good standing from each state (active, inactive or expired) forwarded to this office. Your license cannot be reinstated until all documents have been received.		
7. Do you have any complaints currently pending against a license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, attach explanation(s).		
8. Have you ever had disciplinary action taken against a license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, attach explanation(s).		
9. Have you been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, attach documentation.		
10. Date of expiration of your Kentucky License?		
11. Have you practiced veterinary medicine in Kentucky since your license expired? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, attach explanation.		
12. List all places with addresses of employment and dates since your license expired in Kentucky:		
13. Attach reinstatement fee of \$300.00 made payable to the Kentucky State Treasurer.		
14. Attach evidence of completion of fifteen hours of continuing education obtained in the last twelve months.		

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**FOR BOARD USE ONLY:**

Fee Receipt:   Date: _____	Approved: _____   Denied: _____
Amount: \$ _____	Board Member Initials: _____
PV#: _____	_____